

## RESEARCH ARTICLE

# HOMEOPATHIC TREATMENT OF PROLAPSED INTERVERTEBRAL DISC: A CASE STUDY AT DR BATRA'S

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### ABSTRACT

Alopecia Prolapsed Intervertebral Disc, commonly known as a herniated disc, a debilitating spinal condition that can lead to severe pain, stiffness, and restricted mobility. This paper focuses on a 61-year-old woman suffering from PID for three years came to Dr Batra's. After two years of homeopathic treatment her symptoms dramatically improved. The patient is now fully mobile, pain-free, and engaged in her daily activities. This case highlights the potential of homeopathy in managing chronic spinal conditions.

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## INTRODUCTION

Prolapsed Intervertebral Disc, or herniated disc, occurs when the soft inner core of a spinal disc pushes through its outer layer, compressing nearby nerves. It commonly results from age-related degeneration, trauma, or excessive strain on the spine. Symptoms include severe back pain, stiffness, numbness, and radiating leg pain, often worsening at night. If left untreated, PID can lead to chronic pain, mobility issues, muscle weakness, and even permanent nerve damage. Early intervention is crucial to prevent complications and improve quality of life.

## CASE PROFILE

A 61-year-old woman presented with complaints of pain, stiffness, dullness, and numbness in her lower back and legs, which began three years ago. Her condition progressively worsened, making her bedridden, except for assisted movements to the washroom. The pain was more severe at night and was accompanied by stiffness and numbness, but she experienced relief with pressure and warm applications. Her medical history included a past fall from a tree, which had caused pain and swelling in the lumbar region, as well as diabetes mellitus since 2009. She had also experienced emotional distress following the sudden loss of her husband due to cardiac arrest in 2015. Living in Panchkula with her two married sons, she deeply missed her husband and often felt lonely, with no one to share her memories. By nature, she was mild-mannered and devoted to worship. An MRI scan dated April 24, 2022, revealed L2 vertebral haemangioma, lumbar spondylosis, and multiple disc bulges. The L3-L4 disc (8.5 mm) showed significant spinal canal narrowing with ligamentum flavum hypertrophy, bilateral neural foraminal narrowing, and moderate bilateral nerve root compression. The L4-L5 disc (4.4 mm) and L5-S1 disc (7.5 mm) exhibited similar spinal canal narrowing and nerve root compression, leading to severe mobility issues and chronic pain.

#### Physical Generals

Diet	Veg
Appetite	Decreased
Desire	None
Aversion	None
Thermal Reaction	Hot
Thirst	Decreased
Stools	Normal
Urine	Yellow no burning
Perspiration	Scanty
Sleep	Drowsiness is there sleep 5-6 hrs
Dreams	None

**Examination:** Not done the patient was bed ridden.

**Mental Generals:** The patient is a 61-year-old woman living in Panchkula with her two married sons. She lost her husband to a heart attack in 2015, which left her feeling lonely and emotionally withdrawn. She spends most of her time in worship, following the Namdhari faith, and finds comfort in listening to *Shabad* on TV. Though she was once outspoken, she now shares her thoughts less often, except with her daughter. Despite this, she maintains a friendly and social nature with her neighbors. She has been in deep grief since her husband’s passing and often feels sad, especially in the evenings. Although she appears strong, she misses her husband greatly and becomes emotional when talking about him. She keeps herself engaged in prayers to cope with her loneliness. She has had diabetes and hypertension since 2009. Many years ago, she fell from a tree, causing pain and swelling in her lower back. In 2014, she suffered a back injury in an accident and was on bed rest for a month. She is mild-mannered, calm, and religious. She enjoys social interactions and speaks well with her neighbors. Though she once had an extroverted nature, she has become more reserved after her husband's passing.

**Past history:** DM and HTN - since 2009

**Family History:** Mother DM

**Case analysis:** Repertorial totality

Repertory used	Rubrics selected
Synthesis repertory	<div><div>– Ailments from death of loved ones,</div><div>– Grief silent,</div><div>– Company aversion desire to be alone,</div><div>– Grief prolonged,</div><div>– Indifference</div><div>– Joyless</div></div>

**Repertory screenshot**

4. Clipboard 4

1. MIND - AILMENTS FROM - death of loved ones - parents or friends; of (25) 1

2. MIND - AILMENTS FROM - grief - silent grief (4) 1

3. MIND - COMPANY - aversion to - room; likes to be alone in a (1) 1

4. MIND - GRIEF - prolonged (9) 1

5. MIND - INDIFFERENCE - joyless (35) 1

natrm. vari. caust. pulc. staph. antradi. aurum. nica. phos. ign.

1	2	3	4	5	6	7	8	9	10	11	12
5	2	2	2	2	2	2	2	2	2	1	1
9	6	4	3	3	2	2	2	2	2	4	1

**Selection of Remedy**

Remedy	Reasons
Natrum Muraticum 200 single dose	Given on the basis of physical and mental generals
Arnica 30 twice a day	After traumatic injuries
Magnesium phosphoricum 6x	SOS for pain

**Miasmatic approach**

Symptoms	Psora	Sycosis	Syphilis	Tubercular
Grief after loss of husband	✓			
Silent suffering, withdrawn	✓			
Desire to be alone		✓		
Prolonged grief and indifference		✓	✓	
Joylessness, emotional dullness			✓	
Feeling of emptiness, lack of motivation			✓	

MATERIALS AND METHODS

Method Used—Totality Of Symptoms And Elimination Method  
Material Used—Synthesis Repertory And Boericke’s Repertory

RESULTS


Month	Progress	Prescription	MRI Findings
1st Month	Severe pain, stiffness, and numbness in the lower back and left leg. Unable to walk, only moving within the house with help. Pain worse at night, relieved by pressure.	Natrum Muriaticum 200 (Stat), Arnica 30 (BD), Mag Phos 6x (SOS for pain)	MRI (24/04/2022): L2 vertebral haemangioma, lumbar spondylosis, significant spinal canal narrowing at L3-L4, L4-L5, L5-S1 with nerve root compression.
2nd Month	Pain and stiffness improved, patient is able to get up from bed, less bedridden.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
3rd Month	Further improvement in all complaints.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
4th Month	Able to walk independently, no numbness.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.

5th Month	Heaviness in toes, stiffness in left thigh, heat in legs (previously only in soles).	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
6th Month	Feeling chilly, better overall, mild pain in left lumbar region, no tingling, slight heaviness in feet.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
7th Month	No numbness or tingling, patient can now walk and do daily activities independently.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
8th Month	Mild knee joint pain (left), burning soles, swelling on lateral side of both ankles.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
9th Month	No pain, lumbar region pain resolved, patient very happy.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
10th Month	No foot numbness, occasional burning sensation, BP 160/90 mmHg.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
11th Month	No numbness, much better overall.	Arnica 30 (BD), Mag Phos 6x	No new MRI done.
12th Month	Cured	Arnica 30 (BD), Mag Phos 6x	MRI (21/03/2024): No L2 haemangioma, no lumbar spondylosis, L3-L4 normal, L4-L5 disc gap improved from 4.4 mm to 8.3 mm (mild compression), L5-S1 disc gap improved from 7.5 mm to 9.3 mm (mild compression).


## DISCUSSION & CONCLUSION

The is no limitation for cure if the symptoms and pathology are taken as a symptoms and remedies are given on the similimum basis.


### The transformation



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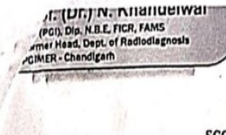
Name : Maninder Kaur  
Age/Sex : 58Y/F  
Date : 26.04.2022

Part Examined: Spine  
M.R. No: 2200042605  
Ref. by: Dr. Deepak Bandhu


Screening of rest of the spine shows straightening cervicodorsal curvature.  
C4-5 & C5-6 posterior disc osteophyte complex causing obliteration of anterior thecal sac with indentation and posterior displacement of the cervical spinal cord seen, no nerve root compression seen.  
No significant disc protrusion / extrusion seen in rest of the cervicodorsal discs.  
The cervicomedullary junction and spinal cord in the cervicodorsal region shows normal bulk and SI.

**IMPRESSION:**

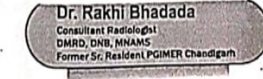
- L2 vertebral haemangioma seen. /
- Lumbar spondylosis.
- L3-L4: Diffuse disc bulge along with ligamentum flavum hypertrophy causing significant spinal canal narrowing, bilateral neural foraminal narrowing with moderate bilateral exiting as well as traversing nerve root compression.
- L4-L5: Diffuse disc bulge along with ligamentum flavum hypertrophy causing significant spinal canal narrowing, bilateral neural foraminal narrowing with severe bilateral exiting as well as traversing nerve root compression.
- L5-S1: Diffuse disc bulge along with ligamentum flavum hypertrophy causing significant spinal canal narrowing, bilateral neural foraminal narrowing with moderate right and left sever exiting as well as traversing nerve root compression.



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Name : Maninder Kaur  
Age/Sex : 58 Y/F  
Date : 21.03.24

Part Examined: Spine  
M.R. No: 2400032103  
Ref. by: Dr. Deepak Bandhu

Screening of rest of the spine shows straightened cervical curvature.  
Speckled areas of T1/T2 hyperintensity getting suppressed on STIR images noted in C5 vertebral body s/o haemangioma.  
C4-5 & C5-6 discs show mild disc bulge - mildly indenting the ventral thecal sac.  
The cervicomedullary junction and spinal cord in the cervicodorsal region shows normal bulk and SI.

**IMPRESSION:** Scan findings are suggestive of:

- L4-5 Diffuse disc bulge with posterocentral disc protrusion /annular tear causing bilateral neural foraminal and lateral recess narrowing; with compression of bilateral traversing nerve roots, impingement of left-exiting nerve roots and indentation of right exiting nerve roots.
- L5-S1 Diffuse disc bulge with left subarticular posterocentral disc protrusion /annular tear causing bilateral neural foraminal and lateral recess narrowing; with indentation of right traversing nerve roots and impingement of left traversing nerve roots.

Please correlate clinically & with other relevant investigations also.

### MRI Findings Comparison

	26.04.2022	21.03.2024
L2 Vertebral Hemangioma	Present	Resolved (No longer present)
Lumbar Spondylosis	Present	Resolved (No longer present)
L3-L4	8.5 mm diffusive disc bulge with ligamentum flavum hypertrophy causing significant spinal canal narrowing, bilateral neural foraminal narrowing, and moderate bilateral exiting nerve root compression	Normal (No bulge, no compression)
L4-L5	4.4 mm disc bulge with significant spinal canal narrowing and nerve root compression	Disc gap improved to 8.3 mm, now showing only mild compression
L5-S1	7.5 mm disc bulge causing spinal canal narrowing with moderate to severe bilateral exiting and traversing nerve root compression	Disc gap improved to 9.3 mm, now showing only mild compression

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